10178

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Queene Anne — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Centreville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Queene Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Centreville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Barbara	Lee	Cheers	Oct.	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Colored	Single	July 20-1940	11 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph W. Cheers
14. MOTHER'S MAIDEN NAME: Eliza Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Jos. Cheers-Centreville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Interstitial Nephritis — ?

592 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
131 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1951, to Oct 12, 1951, that I last saw the deceased alive on Sept 27, 1951, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE: W. Henry Fisher M.D.
(Degree or title):
ADDRESS: Centreville Md
DATE SIGNED: 10/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Oct. 15
NAME OF CEMETERY OR CREMATORY: Church Hill
LOCATION (City, town, or county) (State): Church Hill, Md.

DATE REC'D BY LOCAL REG.: 10-15-51
REGISTRAR'S SIGNATURE: Elsie Armstrong
24. FUNERAL DIRECTOR: Edgar L. Lane
ADDRESS: Church Hill, md.

RECEIVED
OCT 22 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10179

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-52

1. PLACE OF DEATH: COUNTY Queen Anne's; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville; LENGTH OF STAY (In this place) 79 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kidwell Lane.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville; STREET ADDRESS (If rural give location) Kidwell Lane.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) — (Last) Downes

4. DATE OF DEATH: (Month) October (Day) 4 (Year) 1951

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Centreville

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin Downes

14. MOTHER'S MAIDEN NAME: Mary Downes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Lillian Watson (Niece)

18. MEDICAL CERTIFICATION: Centreville Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Apoplexy.	1 day
334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Arteriosclerosis.	
	(c) Senility.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ — Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 1951, to 10-4, 1951, that I last saw the deceased alive on 10-3, 1951, and that death occurred at 12.45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robt B. Mills, M.D. — Centreville Md. — 10-4-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 9-51	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-8-51	Elsie Armstrong	Benton Bros	Centreville Maryland

RECEIVED
OCT 10 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10180

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queene Anne; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queene Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Randolph (Last) Fenwick

4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 19-1951

9. AGE last birthday: yrs. If under 1 year: Months 1; Days 20; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Randolph Fenwick

14. MOTHER'S MAIDEN NAME: Helen Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Randolph Eenwick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MARASMUS. — 1 1/2 MO.

772,0 / 158 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) STARVATION.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (BREAST MILK INADEQUATE)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-8, 1951, to 10-9, 1951, that I last saw the deceased alive on 10-8, 1951, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE: Robert B. Miller (Degree or title) M.D. ADDRESS: Centreville, Md. DATE SIGNED: 10-9-51.

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: Oct 9; NAME OF CEMETERY OR CREMATORY: Church Hill; LOCATION (City, town, or county) (State): Church Hill Md.

DATE REC'D BY LOCAL REG. Oct. 9; REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill, Md.

20819/38840 3

RECEIVED
NOV 9 1951
BUREAU V. S.

10181

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Lawrence (Last) Freedman

4. DATE OF DEATH (Month) Oct. (Day) 6 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Nov. 28 1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY Leather Goods
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Louis Freedman
14. MOTHER'S MAIDEN NAME Rebecca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Mary R. Haines, 3003 Texas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro - vascular accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

83a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1951 to Oct 6, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE Irvin G Hoyt (Degree or title) M.D. ADDRESS Queenstown, Md. DATE SIGNED 10/6/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-9-51
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 10/8/51
REGISTRAR'S SIGNATURE KW Hedrick
24. FUNERAL DIRECTOR L J Luck ADDRESS 5305 Harford Rd

Vdm 410-698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10182

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH — COUNTY: Queen Anne, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester
LENGTH OF STAY (in this place): 61 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home. (Chester, Md.)

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester
STREET ADDRESS (If rural, give location): Chester - Dominion Road.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) A. (Last) Gardner
4. DATE OF DEATH (Month) Oct. (Day) 12 (Year) 1951
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Aug. 11, 1869
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Richard J. Gardner
14. MOTHER'S MAIDEN NAME: Unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY No.: None.
17. INFORMANT AND ADDRESS: Mrs. Henrietta Eliz. Raughley, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	Four weeks.
163x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
47d	(c) Pulmonary Carcinoma (uncertain)	?

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/20, 1951, to Oct. 12, 1951, that I last saw the deceased alive on Oct. 11, 1951, and that death occurred at 8:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): G. William Martin, Jr. M.D.
ADDRESS: Queenstown, Md.
DATE SIGNED: 10/12/51

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF: Oct 14-51
NAME OF CEMETERY OR CREMATORY: Family Cemetery
LOCATION (City, town, or county): Chester (State): Md

DATE REC'D BY LOCAL REG.: Oct. 14-51
REGISTRAR'S SIGNATURE: Elizabeth Hopter
24. FUNERAL DIRECTOR: Edgar L. Lane
ADDRESS: Church Hill Md

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 16 1951
BUREAU V. S.

Item 21 Film 137 11-27-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ross (Middle) (Last) Handy

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 19[illegible]

5. SEX: M

6. COLOR OR RACE: [illegible]

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED.~~ (Specify)

8. DATE OF BIRTH: 30 Oct 20 1899

9. AGE last birthday: 52 yrs. | If under 1 year: Months | Days 10 | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Oystering

11. BIRTHPLACE (State or foreign country): Somerset Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Handy

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-07-9678

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] - Accidental

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

172 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) Harrows, Md. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 10-29-51 m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? (Hay hook crane etc.) Fell overboard. (Use ICD)

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___*

SIGNATURE (Degree or title) W. Harvey Fisher M.D. ADDRESS Deputy Med. Examiner Somerset Co. Md. DATE SIGNED 10-30-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov 1-1951 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] (State) Md.

DATE REC'D BY LOCAL REG. 10-31-51 | REGISTRAR'S SIGNATURE Helen M. Ledridge | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible] Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville | LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BERNARD	CLEVELAND	HOLDEN	Oct	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Mar 5-1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk in dry Store	Retail Hardware	Talbot Co — Md	USA

13. FATHER'S NAME: James Edward Holden
14. MOTHER'S MAIDEN NAME: Mary Losey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		212-16-1993	Mrs Mary Elizabeth Holden - Centreville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 23, 1951, to Oct 25, 1951, that I last saw the deceased alive on Oct 25, 1951, and that death occurred at 145p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Stevens Foster	M.D.	Centreville Md	10/26-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Oct 28-51	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-26-51	Elsie Armstrong	Barton Bros	Centreville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2.5.2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 2 3/4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) (Last) Keating

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: Sept. 22-1891

9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Centreville Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: B. Palmer Keating

14. MOTHER'S MAIDEN NAME: Eleanor L. Goldsborough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes World War I

16. SOCIAL SECURITY NO.: 218-20-8587

17. INFORMANT AND ADDRESS: Edith L. Keating Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Found dead in bed — apparently

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___*

SIGNATURE (Degree or title): W. Stevens Fisher M.D. Deputy Med. Examiner 2 A. Co. Md.
ADDRESS: Centreville Md.
DATE SIGNED: 10/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct 28-51
NAME OF CEMETERY OR ~~CREMATORY~~: Chesterfield
LOCATION (City, town, or county) (State): Centreville Md

DATE REC'D BY LOCAL REG.: 10-26-51
REGISTRAR'S SIGNATURE: Elsie Armstrong
24. FUNERAL DIRECTOR: Baxter Bros
ADDRESS: Centreville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Matapeake
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McDaniel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Price Mills (Last)

4. DATE OF DEATH (Month) 10 (Day) 21 (Year) 1951

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 11-24-1907
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10b. KIND OF BUSINESS OR INDUSTRY State Roads Comm.
11. BIRTHPLACE (State or foreign country) Vienna, Dorchester Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME James R. Mills
14. MOTHER'S MAIDEN NAME Mary E. Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mary E. Mills, McDaniel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Heart Disease — INTERVAL BETWEEN ONSET AND DEATH None

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Occlusion

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19..... and that death occurred at 24 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Norman S. Dudley M.D. Deputy Coroner Md. Oct 21

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/23/51
NAME OF CEMETERY OR CREMATORY Vienna P.E. Cemetery
LOCATION (City, town, or county) (State) Vienna, Dor. Co., Md.

DATE REC'D BY LOCAL REG. 10/23/51
REGISTRAR'S SIGNATURE Elizabeth Hopkins
24. FUNERAL DIRECTOR J. Leeds Moore, ADDRESS Tilghman, Md.

5-426

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH
COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
LENGTH OF STAY (In this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) ELI (Last) PENROD

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 11 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: John Penrod

14. MOTHER'S MAIDEN NAME: Mahala Heck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No. 192-01-8913A

17. INFORMANT AND ADDRESS: Mrs. Leslie Nickerson Crumpton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Apoplexy	24 hours
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatectomy	4½ weeks
	(c) Age	

610X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: Sept 20/51

19b. MAJOR FINDINGS OF OPERATION: Urethral obstruction due to Enlarged prostate

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY: (Month) (Day) (Year) None (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ None

HOW DID INJURY OCCUR? None

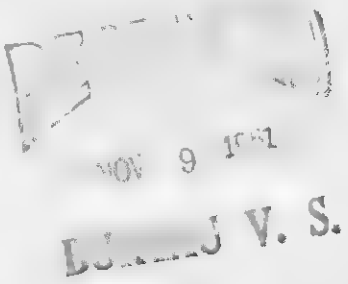
22. I hereby certify that I attended the deceased from Aug 8, 1951 to Oct 29, 1951, that I last saw the deceased alive on Oct 28, 1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE: H. H. Hamilton — (Degree or title) M.D. — ADDRESS: Millington, Maryland — DATE SIGNED: Oct 29 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 1 1951 — NAME OF CEMETERY OR CREMATORY: Grace Lutheran Cem. — LOCATION (City or town, or county) (State): Windber Pa.

DATE REC'D BY LOCAL REG. Oct. 29 — REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR — ADDRESS: Edward Pellow Millington Md.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253

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 67

1. PLACE OF DEATH — COUNTY: Queen Ann MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queen Ann
LENGTH OF STAY (in this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Queen Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queen Ann
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Augusta (Last) Pippin
4. DATE OF DEATH: (Month) Oct (Day) 18th (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married
8. DATE OF BIRTH: July 27th 95
9. AGE last birthday: 56 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: N.D.H.
13. FATHER'S NAME: Miles Reed
14. MOTHER'S MAIDEN NAME: Louise Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Palmer Pippin, Queen Ann, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

151 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to Oct 18 1951, that I last saw the deceased alive on Oct 18, 1951, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE: Dawson O. George MD (Degree or title) ADDRESS: Denton Md DATE SIGNED: 10/20/51

23. BURIAL, CREMATION REMOVAL (Specify): Buried
DATE THEREOF: Oct 21st 51
NAME OF CEMETERY OR CREMATORY: Chesterfield
LOCATION (City, town, or county): Centerville (State): Md

DATE REC'D BY LOCAL REG.: 10/21/51
REGISTRAR'S SIGNATURE: Wm D O George
Elizabeth V. Hopper
24. FUNERAL DIRECTOR: J. Virgil Cesare & Son, Denton ADDRESS:

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

COPY SENT TO [illegible] County [illegible] DATE 10/24/51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
LENGTH OF STAY (In this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3116 Kentucky Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hannah	Susanna	Porter	Oct	8	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	April 26 1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Kirby Bryan	Margaret Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		No	Jack H. Porter 3122 Kentucky Ave Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-Vascular Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/13, 1951, to 8/31, 1951, that I last saw the deceased alive on 8/31, 1951, and that death occurred at 9:40 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred P. Shepherd	M.D.	Queenstown, M.D.	Oct. 8, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 13/51	Loudon Park	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 10-1951	Helen M. Aldridge	Easton Bro - Centreville	Md

OCT 15 1951

10190

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barrows
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Preston Md
STREET ADDRESS (If rural, give location) Parton [illegible]

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Quillen
4. DATE OF DEATH (Month) Oct (Day) 12 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Jan 20, 1885
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Caroline Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm Thomas Thawley
14. MOTHER'S MAIDEN NAME Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS John Harvey Quillen Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion (Suddenly)

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Henry Fisher M.D. Centreville Md Deputy Med Exam for Q.A.C. Md 10/12/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 15 '51
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. Oct. 12 1951
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Ann — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Centreville — LENGTH OF STAY (in this place) All her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Queen Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) (Last) Smith

4. DATE OF DEATH (Month) Oct (Day) 29 (Year) 19

5. SEX Female

6. COLOR OR RACE Cau

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH June 9 1895

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Dont Know

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wilson

14. MOTHER'S MAIDEN NAME Georgia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS George Smith - Centreville Md R.F.D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Suddenly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

120.1 (c)

94a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher M.D. (Degree or title) ADDRESS Centreville Md Deputy Med Exam for Q.A. Co. Md — DATE SIGNED 10/29/

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Nov. 2 — NAME OF CEMETERY OR CREMATORY Burrsville — LOCATION (City, town, or county) Burrsville (State) Md

DATE REC'D BY LOCAL REG. Oct. 29 — REGISTRAR'S SIGNATURE Edgar L. Lane — 24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Love Point
LENGTH OF STAY (in this place) 31yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Love Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Stella (Middle) Florence (Last) Smith
4. DATE OF DEATH: (Month) October (Day) 16 (Year) 1951.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	White	married	Nov. 21. 1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		New Plymouth Ohio	U.S.

13. FATHER'S NAME: George W. Harris
14. MOTHER'S MAIDEN NAME: Florence Elizabeth Finney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS: Mr. Thomas L. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Vulvae — Interval Between Onset and Death: Febr. 1949

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) with Metastases in inguinal
(c) glands, uterus, rectum and abdominal cavity

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug. 1949	removal of inguinal glands.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Febr. 10, 1949, to Oct. 16, 1951, that I last saw the deceased alive on Oct. 15, 1951; and that death occurred at 5:20 A.m., from the causes and on the date stated above.

SIGNATURE Theodor Bottelmann M.D. (Degree or title) ADDRESS Stevensville DATE SIGNED Oct. 16, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 18 51	New Plymouth	New Plymouth Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 16 1951	Elizabeth Hopper	Baetzer Bros.	Centreville Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 2[illegible] 1951

BU[illegible]

10193

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY QUEEN ANNE'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CENTREVILLE
LENGTH OF STAY (in this place) 91 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS LIBERTY STREET

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. - COUNTY QUEEN ANNE'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CENTREVILLE
STREET ADDRESS (If rural give location) LIBERTY STREET.

3. NAME OF DECEASED (Type or Print) (First) SIDNEY (Middle) ELLEN (Last) SMITH

4. DATE OF DEATH (Month) OCTOBER (Day) 3 (Year) 1951.

5. SEX F
6. COLOR OR RACE C
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) M.
8. DATE OF BIRTH 6-1-1860
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (State or foreign country) CENTREVILLE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME EDWARD BOLDEN
14. MOTHER'S MAIDEN NAME ? (Unknown.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE.
17. INFORMANT SADIE DEEDON (NIECE)

18. MEDICAL CERTIFICATION CENTREVILLE, MD

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	APOPLEXY	6 DAYS.
324X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	ARTERIOSCLEROSIS	
83a	(c)	SENILITY	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE.

19a. DATE OF OPERATION NONE.
19b. MAJOR FINDINGS OF OPERATION NONE
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9-27, 1951, to 10-3, 1951, that I last saw the deceased alive on 10-1-, 1951, and that death occurred at 4.00 A.m., from the causes and on the date stated above.

SIGNATURE Robert B. Miller (Degree or title) M.D. ADDRESS Centreville Md. DATE SIGNED 10-3-51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 8-51
NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 10-8-51
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 16 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10194

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) LAVINIA (Middle) (Last) STANSBURY

4. DATE OF DEATH (Month) Oct. (Day) 26 (Year) 1951

5. SEX Fem.

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH JAN. 1 - 1883

9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Billy Kane

14. MOTHER'S MAIDEN NAME Julia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. 215-26-2608

17. INFORMANT Helen Stinson = 1714 W. 11th St. Chester, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterial Sclerosis

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION No

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 26, 1951, to Oct 26, 1951, that I last saw the deceased alive on Oct 26, 1951, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE C A Wilcoxville (Degree or title) M D ADDRESS Ludlusville Md DATE SIGNED 10/29/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Oct. 30

NAME OF CEMETERY OR CREMATORY Barclay

LOCATION (City, town, or county) Barclay (State) Md.

DATE REC'D BY LOCAL REG. Oct. 29

REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 10195

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Queene Anne; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Church Hill; LENGTH OF STAY (In this place):; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Queene Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Church Hill; STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Dove (Last) Walls

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 19 51

5. SEX: Fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-9-1870

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Charles Walls

14. MOTHER'S MAIDEN NAME: Mary Catherine Rigbey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. Rigby Valliant-Centreville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset and Death: 6 mo

199.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Original Site undetermined

55e (c) Hypertensive Cardio Vascular Renal, Generalized Arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14, 1951, to Oct 25, 1951, that I last saw the deceased alive on Oct 24, 1951, and that death occurred at 12 10 m., from the causes and on the date stated above.

SIGNATURE: C Rodney Clayton M.D. (Degree or title) ADDRESS: Centreville, Md DATE SIGNED: 10-26-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 10-27-51 | NAME OF CEMETERY OR CREMATORY: Church Hill | LOCATION (City, town, or county) (State): Church Hill, Maryland

DATE REC'D BY LOCAL REG. Oct. 26 | REGISTRAR'S SIGNATURE: Edgar L. Lane | 24. FUNERAL DIRECTOR ADDRESS: Edgar L. Lane--Church Hill, Md.

RECEIVED
NOV 9 1951
BUREAU V. S.